

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-019299**

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 29

**FILED JUN 7 1963**

DO NOT WRITE  
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Angaze</b>		c. CITY OR TOWN <b>Stoutland</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stoutland Rt # 1</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Rt #1</b>	
3. NAME OF DECEASED (Type or print) First <b>Carrie</b> Middle <b>Blanche</b> Last <b>Atwood</b>		4. DATE OF DEATH Month <b>May</b> Day <b>31</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-20-1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	
11. BIRTHPLACE (City and state or country) <b>Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>JAMES BAXTER HUFFMAN</b>		13b. MOTHER'S MAIDEN NAME <b>Leota A. Adkins</b>	
14. NAME OF HUSBAND OR WIFE <b>Luther Atwood</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Lee Atwood Stoutland Rt #1 Missouri</b>		17. INFORMANT <b>Lee Atwood Stoutland Rt #1 Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>My postnatal Pneumonia</b> DUE TO (b) <b>Chronic occlusion</b> DUE TO (c) <b>arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Stroke 10 yrs duration</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>May 12 - 63</b> to <b>May 21</b> and last saw her alive on <b>May 31 - 63</b> Death occurred at <b>P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>DO</b>		22b. ADDRESS <b>Richland, Missouri</b>	
22c. DATE SIGNED <b>5/31/63</b>		22d. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>	
22e. LOCATION (City, town, or county) (State) <b>Richland, Pulaski Mo</b>		22f. DATE RECD. BY LOCAL REG. <b>June 3 - 1963</b>	
22g. REGISTRAR'S SIGNATURE <b>Zilpha J. Inaw</b>		22h. FUNERAL DIRECTOR <b>Moss-Williams Richland, Missouri</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS.300  
Rev. 4/59

1 0150

2 0150

3

4 1

5 3

6

7 1

8 2

9 420.1

10

11

12 90.2

13 2-0

JUN 7 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.